

# Program Activity Cover Page

Program Name: Health Svcs Agency - Healthy Cubs - Healthcare Svcs  
Direct Service

Program ID 150014

**Directions:** Enter only one digit per box. Please use a black ink pen. Other ink colors and pencil cannot be read by our scanners.

**1. Please mark (X) which type of organization best describes the agency providing this program:**

☐ Commission-run program → Go to question 3.

☒ Externally run program → Please mark (X) ONE box below and then go to question 2.

☐ **Family resource center**  
**Child care center or preschool**

- ☐ Head Start
- ☐ State preschool
- ☐ Private preschool
- ☐ Family-based child care
- ☐ Other child care center or preschool

**County service agency (other than education)**

- ☒ Department of Health
- ☐ Department of Social Services
- ☐ Department of Mental Health
- ☐ Other county service agency

**Private provider/nonprofit community organization**

- ☐ Community-based organization
- ☐ Other nonprofit organization
- ☐ Private medical, dental, or mental health organization
- ☐ Other private organization

**Education organization**

- ☐ Elementary or middle school (K-8)
- ☐ Secondary school (9-12)
- ☐ School district
- ☐ County office of education
- ☐ 2-year community college
- ☐ 4-year college or university
- ☐ Other education organization

**Other public-sector organization**

- ☐ Justice system/police
- ☐ City government program
- ☐ Other government program

**Consulting organization**

- ☐ Evaluation/research organization
- ☐ Technical assistance organization
- ☐ Other consulting organization
- ☐ Other organization

**2. Please provide the primary service activity location(s) for this program. Note: If service is mobile, enter the agency address and provide the service radius based on the service agency's address. Enter additional locations on the back of this form.**

Street address

830 BLENIC DRIVE

Service radius (miles)

City

MODESTO

Zip

95350

33.0

**3. Does this funded program receive State School Readiness Initiative funds?** ☐ Yes ☒ No

**4. What strategies did this program use in FY 2002-2003? Please mark (X) ALL that apply. Then please report the amount of First 5 funds spent by the program over the fiscal year on each strategy marked.**

☒ Direct services:

\$ 152,123

☐ Community strengthening efforts:

\$ , ,

☐ Provider capacity building/support:

\$ , ,

☐ Infrastructure investments:

\$ , ,

☐ Systems change support activities:

\$ , ,

☐ Minigrants (Commission-run only):

\$ , ,

Please attach the Activity Form for each strategy marked.

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10846

# Program Activity Cover Page (Continued)

Program ID

150014

Location 2	Street address	3109 WHITMORE AVENUE	Service radius (miles)
	City	CERES	Zip 95307
Location 3	Street address	18 S. ABBIE STREET	Service radius (miles)
	City	EMPIRE	Zip 95319
Location 4	Street address	830 SCENIC DRIVE SUITE A	Service radius (miles)
	City	MODESTO	Zip 95350
Location 5	Street address	830 SCENIC DRIVE SUITE B	Service radius (miles)
	City	MODESTO	Zip 95350
Location 6	Street address	2412 THIRD STREET	Service radius (miles)
	City	HUBBSON	Zip 95326
Location 7	Street address	2501E MCHEENRY AVENUE	Service radius (miles)
	City	MODESTO	Zip 95350
Location 8	Street address	700 17TH STREET	Service radius (miles)
	City	MODESTO	Zip 95350
Location 9	Street address	401E PARADISE RD SUITE E	Service radius (miles)
	City	MODESTO	Zip 95351
Location 10	Street address	4525 BROADWAY SUITE G	Service radius (miles)
	City	SALIDA	Zip 95368
Location 11	Street address	800 DELBON SUITE A	Service radius (miles)
	City	TURLUCK	Zip 95380



# Program Activity Cover Page

Program Name: Health Svcs Agency - Healthy Cubs Outreach

Program ID 150015

**Directions:** Enter only one digit per box. Please use a black ink pen. Other ink colors and pencil cannot be read by our scanners.

**1. Please mark (X) which type of organization best describes the agency providing this program:**

☐ Commission-run program → Go to question 3.

☒ Externally run program → Please mark (X) ONE box below and then go to question 2.

☐ **Family resource center**  
**Child care center or preschool**

- ☐ Head Start
- ☐ State preschool
- ☐ Private preschool
- ☐ Family-based child care
- ☐ Other child care center or preschool

**County service agency (other than education)**

- ☒ Department of Health
- ☐ Department of Social Services
- ☐ Department of Mental Health
- ☐ Other county service agency

**Private provider/nonprofit community organization**

- ☐ Community-based organization
- ☐ Other nonprofit organization
- ☐ Private medical, dental, or mental health organization
- ☐ Other private organization

**Education organization**

- ☐ Elementary or middle school (K-8)
- ☐ Secondary school (9-12)
- ☐ School district
- ☐ County office of education
- ☐ 2-year community college
- ☐ 4-year college or university
- ☐ Other education organization

**Other public-sector organization**

- ☐ Justice system/police
- ☐ City government program
- ☐ Other government program

**Consulting organization**

- ☐ Evaluation/research organization
- ☐ Technical assistance organization
- ☐ Other consulting organization
- ☐ Other organization

**2. Please provide the primary service activity location(s) for this program. Note: If service is mobile, enter the agency address and provide the service radius based on the service agency's address. Enter additional locations on the back of this form.**

Street address

1030 SCENIC DRIVE

Service radius (miles)

City

MODESTO

Zip

95350

33.0

**3. Does this funded program receive State School Readiness Initiative funds?** ☐ Yes ☒ No

**4. What strategies did this program use in FY 2002-2003? Please mark (X) ALL that apply. Then please report the amount of First 5 funds spent by the program over the fiscal year on each strategy marked.**

☐ Direct services: \$    ,    ,

☐ Community strengthening efforts: \$    ,    ,

☐ Provider capacity building/support: \$    ,    ,

☐ Infrastructure investments: \$    ,    ,

☒ Systems change support activities: \$    , 23 , 580

☐ Minigrants (Commission-run only): \$    ,    ,

Please attach the Activity Form for each strategy marked.

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10847

